

**SUBSIDIZED GUARDIANSHIP REMINDER NOTICE**  
**CHANGES TO BE REPORTED IMMEDIATELY BY THE LEGAL GUARDIAN(S)**

- Address changes
  1. You ***will not*** receive your check unless we are notified.
  2. **If you move to another state, your medical assistance will not be transferred unless you notify the Subsidized Guardianship Program.**
- Death of child or legal guardian parent(s)
- Child is no longer living with you
- Children age 18 or older are not attending high school full-time or graduated
- Private health insurance coverage starts or ends
- You are not supporting child
- Termination of your subsidized guardianship
- Child has a new legal guardian(s)
- Child enters military service
- Marriage of child

Report change(s) by mail, telephone or fax to:

Subsidized Guardianship Program  
Division of Children and Family Services  
Bureau of Programs and Policies  
P.O. Box 8916  
Madison, WI 53708-8916

Telephone number (toll-free): **866-666-5532**

Fax number: 608-264-6750

For the duration of the Subsidized Guardianship Agreement, it is the responsibility of legal guardian(s) to notify the Division of Children and Family Services of these changes.